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Bib Data Sheet

CONFIRMATION NO. 1679

SERIAL NUMBER 10/770,922	FILING DATE 02/02/2004 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. GONZAL-42510
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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/912,197 07/24/2001 PAT 6,685,729 *EDB*
 which claims benefit of 60/302,254 06/29/2001

** FOREIGN APPLICATIONS *****

EDB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 54	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>EDB</i>				

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TITLE

Process for testing and treating motor and muscle function, sensory, autonomic, cognitive and neurologic disorders

FILING FEE RECEIVED 906	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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